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Atty Docket No. 021713-000400US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Nguyen, Tuan H.

Group Art Unit 2813

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**EXAMINER Nguyen, Tuan H.**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Xiao Yang et al., Application No. 10/718,482, filed November 19, 2003 for METHOD AND APPARATUS TO REDUCE PARASITIC FORCES IN ELECTRO-MECHANICAL SYSTEMS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition For Extension of Time (1 p in duplicate); and
- 3) Amendment (11 pp).

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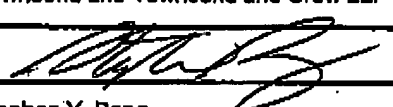
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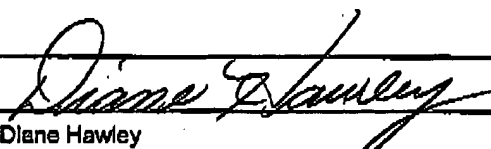
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PTO/8821 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/718,482	
	Filing Date	November 19, 2003	
	First Named Inventor	Yang, Xiao	
	Art Unit	2813	
	Examiner Name	Nguyen, Tuan H.	
Total Number of Pages in This Submission	14	Attorney Docket Number	021713-000400US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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